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Bib Data Sheet

CONFIRMATION NO. 3936

<b>SERIAL NUMBER</b> 10/767,459	<b>FILING OR 371(c) DATE</b> 01/30/2004 <b>RULE</b> 1.47	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> P-6464-US2
<b>APPLICANTS</b> Robert S. Anderson, Livermore, CA; Steven Randal Young, Discovery Bay, CA; Yoni Iger, Residence Not Provided;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/472,704 05/21/2003 and claims benefit of 60/444,107 01/31/2003 and is a CIP of 10/743,308 12/23/2003 ABN which is a CIP of 10/642,037 08/15/2003 ABN which claims benefit of 60/403,973 08/16/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/15/2004</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 68
<b>INDEPENDENT CLAIMS</b> 11				
<b>ADDRESS</b> 49443				
<b>TITLE</b> SYSTEM AND METHOD FOR TREATING TISSUE				
<b>FILING FEE RECEIVED</b> 2488	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	